RESTRICTED

MONTHLY HEALTH REPORT

JULY 1949
VOL 2 NO 7

MILITARY DISTRICT OF WASHINGTON

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HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON
The Pentagon, Washington 25, D. C.

July 1949
Vol. 2, No. 7

INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as the basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department officers in the field.

FLOYD V. KILGORE
Colonel, MC
Surgeon

CONTENTS

GENERAL COMMENT

Although the overall health of the command continues to be satisfactory, with a non-effective rate of 6.49 for the June report period as compared with the 8.96 rate for May, nevertheless the increases in the rates for Common Respiratory Diseases and Pneumonias, detracted from the composite report.

Unless otherwise indicated, references to diseases and injuries in this publication apply to all Class I and II installations exclusive of Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year.

With the establishment of a separate Medical Department within the Department of the Air Force, and resulting changes in reporting channels, statistics for medical installations of the service are not available for publication. Statistics presently reported by Army medical installations do include however, those Air Force individuals who are hospitalized at the reporting unit, since reciprocal use of either services medical installations is made.

The 462 Admissions for all causes during the report period ending 24 June 1949 was a sharp decrease from the 524 cases of the previous month. The resultant rate for June of 295.8 was considerably lower than the 335.5 rate for the month of May. The General Dispensary, USA reported the lowest rate for all causes for June with 162.5, and Fort Myer (North Post), the highest, 752.9.

The incidence of injuries decreased from 66 cases and a rate of 37.3 in May to 61 cases during June for a rate of 34.8. Fort Myer (North Post) had the greatest percentage of decrease with its June rate of 88.1 as compared with its 218.3 rate in May. Fort McNair reported the greatest percentage of increase of injury cases for June with 5 cases and a 66.1 rate by comparison to zero cases during the previous month.

All stations except Fort Myer (North Post), reported a decrease in the number of admissions for diseases. Total admissions dropped from 258.5 in May to 228.5 for the month of June. The June rate established a record low rate for the year of 1949.

Psychiatric disease rates, after an upward trend which reached 10.7 in May, declined in June to 6.3.

There were no deaths at the reporting installations during the four week period ending 24 June 1949.

COMMUNICABLE DISEASE

Common respiratory diseases increased in incidence during the month of June, with 83 cases reported as compared with 60 for the previous period. The rates were 47.3 and 33.9 respectively. Fort Belvoir was the only station that reported a decrease in the number of cases for the current period.

Admission rates for Pneumonia, all types and the Pneumonia, Atypical, increased during the month of June to 10.3 and 5.7 respectively as compared with their rates of 6.2 and 1.1 in May.

The rate of 1.1 for admission of measle cases was a decrease from the previous report period's rate of 18.6.

Influenza cases admitted in June produced a rate of 1.7, which is an improvement, as well as a reduction from the 7.9 rate of the preceding month.

There was a decrease in the June rate of admission, when compared with the May rates, for cases of mumps, rheumatic fever, and diarrheal diseases. No cases of scarlet fever were reported.

Other communicable diseases, including tuberculosis, hepatitis and malaria increased slightly during the current medical report period.

Pertinent Statistical tables may be found on pages 2 and 4.

GENERAL DATA
4 Week period Ending 24 June 1949
(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			ADMISSIONS						Non-Effective Rate	Number of CDD's	Number of Deaths
				All Causes		Disease		Injuries				
	Total	White	Negro	Cases	Rates	Cases	Rates	Cases	Rates			
Fort Belvoir	9,849	8,047	1,802	163	215.1	147	194.0	16	21.1	12.36	15	0
Fort McNair	983	908	75	18	238.0	13	171.9	5	66.1	0.43	0	0
Fort Myer (North Post	1,623	1,426	197	94	752.9	83	664.8	11	88.1	7.17	0	0
Fort Myer (South Post)	1,847	1,847	0	66	464.5	58	408.2	8	56.3	2.38	0	0
General Dispensary, USA	6,960	6,929	31	87	162.5	78	145.7	9	16.8	1.04	0	0
All Others	1,551	1,551	0	34	285.0	22	184.4	12	100.6	1.61	0	0
Total Mil Dist of Wash	22,813	20,708	2,105	462	263.3	401	228.5	61	34.8	6.49	15	0
AMC - Med. Det. (Duty Pers)	1,573	1,396	177	63	520.7	57	471.1	6	49.6	28.18	3	0
AMC - Det. of Patients	1,019	930	89	128	1,633.0	109	1,390.6	19	242.4	999.72	122	6
Army Medical Center - Total	2,592	2,326	266	191	957.9	166	832.6	25	125.4	410.12	125	6
Total Dept/Army Units	25,405	23,034	2,371	653	334.1	567	289.1	86	44.0	47.67	140	6

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR
4 Week period Ending 24 June 1949
(Data from WD AGO Form 8-122)

STATION	Common Respiratory Diseases	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diarrheal Disease	Hepatitis	Malaria	Psychiatric Diseases
Fort Belvoir	7.9	19.8	9.2	-	2.6	-	-	1.3	1.3	-	1.3	2.6	13.1
Fort McNair	13.2	-	-	13.2	-	-	-	-	-	13.2	-	-	-
Fort Myer (North Post)	208.3	8.0	8.0	-	-	-	-	-	-	8.0	-	-	-
Fort Myer (South Post)	49.3	-	-	7.0	-	-	-	-	-	-	7.0	-	-
General Dispensary, USA	54.2	3.7	3.7	1.9	1.9	-	-	-	-	-	1.9	-	1.9
All Others	117.3	-	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash	47.3	10.3	5.7	1.7	1.1	-	-	0.6	0.6	1.1	1.7	1.1	6.3
AMC - Med. Det.(Duty Pers)	-	8.3	8.3	-	-	-	-	-	-	-	-	-	-
AMC - Det. of Patients	25.5	25.5	25.5	-	-	-	-	-	-	-	-	-	-
Army Medical Center-Total	10.0	15.0	15.0	-	-	-	-	-	-	-	-	-	-
Total Dept/Army Units	43.5	10.7	6.7	1.5	1.0	-	-	0.5	0.5	1.0	1.5	1.0	5.6

VENEREAL DISEASE

Venereal disease rate among units within the Military District of Washington continued its downward trend. A rate of 13.68 was the lowest experienced in the calendar year 1949. Fort Myer (North Post) was the only installation to report an increased rate during June. All other installations reflected either a reduced or zero rate.

A total of 24 cases were reported for the four week period ending 24 June 1949. Of this total 19 were reported at Fort Belvoir, 2 at Fort Myer (North Post), 1 at General Dispensary, USA, The Pentagon, and 2 at units classified as All Others. Of the total number of cases reported 12 were incurred by white personnel with a rate of 7.53, and 12 were incurred by Negro personnel with a rate of 74.11 per 1000 troops per annum.

The Consolidated rate for Army Medical Center was reduced from 24.45 for May to 15.05 for this present report period. The rate among the Detachment of Patients remained static at 12.76, however, the personnel from the Medical Detachment reported a rate of 16.53, a marked improvement over the 32.60 reported during May. All cases were among white troops.

The rate for all Departments of Army units continued its downward trend. A rate of 13.82 was reported as compared to 15.18 for May.

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Pertinent statistical tables and charts may be found on pages 4, 5, 6 and 7.

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NEW VENEREAL DISEASE CASES - EXCL EPTS - MAY AND JUNE

	Rate per 1000 per year	
STATION	MAY 49	JUNE 49
Fort Belvoir	29.22	25.08
Fort McNair	-	-
Fort Myer (North Post)	-	16.02
Fort Myer (South Post)	7.19	-
General Dispensary, USA	1.89	1.87
All Others	-	16.76
Total Mil Dist Wash Units	14.10	13.68
AMC Med. Det. (Duty Pers.)	32.60	16.53
AMC Detachment of Patients	12.23	12.76
Army Medical Center - Total	24.45	15.05
Total Dept/Army Units, Mil Dist of Washington	15.18	13.82

CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY

M D W RATE PER 1000 TROOPS PER YEAR

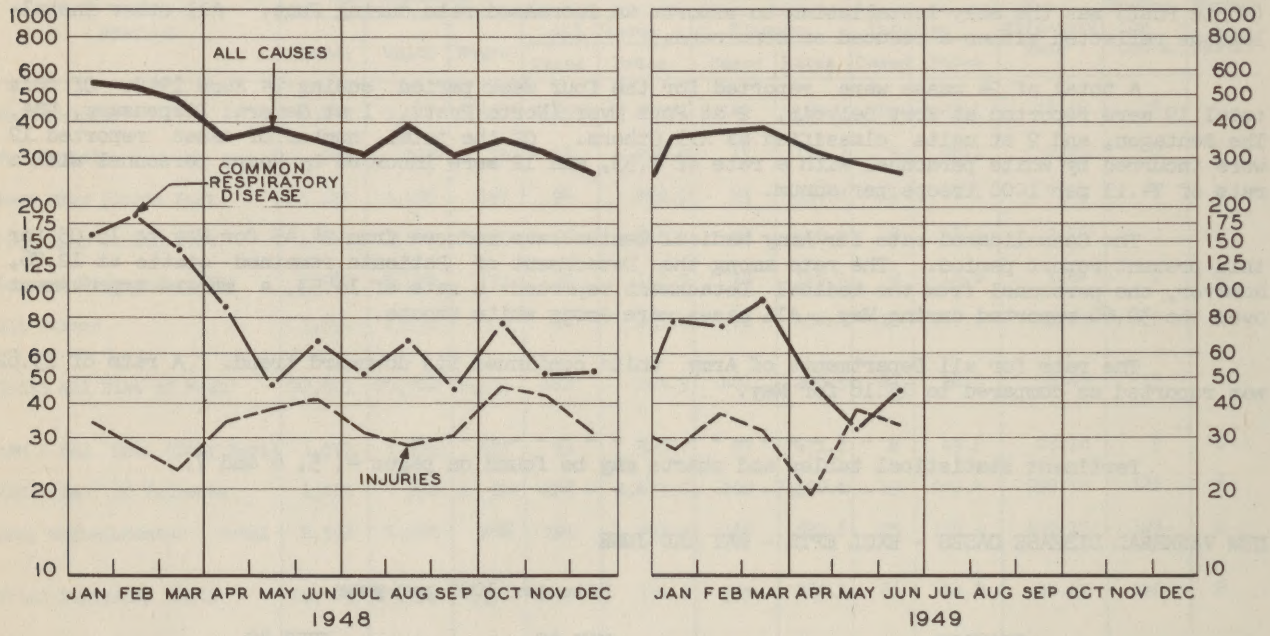
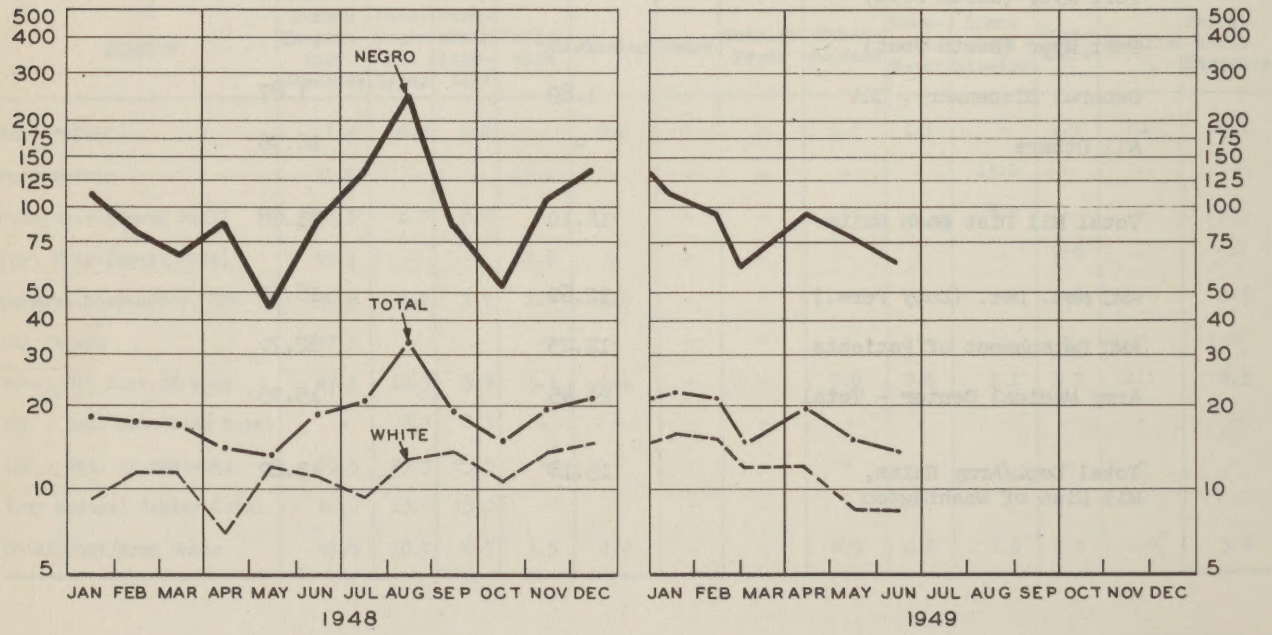


CHART 2

ADMISSION RATES BY MONTH VENEREAL DISEASES MDW INCL. ARMY MEDICAL CENTER

RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT
For the Four Week Period Ending 24 June 1949
(Data from WD AGO 8-122)(Chargeable Cases)

STATION	RACE	Mean Strength	Syphilis	Gonorrhea	Other	Total	Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
Fort Belvoir	W	3047	2	6	0	8	12.92	5
	N	1802	2	9	0	11	79.36	1
	T	9849	4	15	0	19	25.08	6
Fort McNair	W	908	0	0	0	0	-	0
	N	75	0	0	0	0	-	0
	T	983	0	0	0	0	-	0
Fort Myer (North Post)	W	1426	0	1	0	1	9.11	0
	N	197	0	1	0	1	65.99	0
	T	1623	0	2	0	2	16.02	0
Fort Myer (South Post)	W	1847	0	0	0	0	-	0
	N	0	0	0	0	0	-	0
	T	1847	0	0	0	0	-	0
General Dispensary, USA	W	6929	0	1	0	1	1.88	0
	N	31	0	0	0	0	-	0
	T	6960	0	1	0	1	1.87	0
All Others	W	1551	0	2	0	2	16.76	0
	N	0	0	0	0	0	-	0
	T	1551	0	2	0	2	16.76	0
Total Mil Dist of Wash	W	20708	2	10	0	12	7.53	5
	N	2105	2	10	0	12	74.11	1
	T	22813	4	20	0	24	13.68	6
Army Medical Center Medical Det. (Duty Pers)	W	1396	0	2	0	2	18.62	0
	N	177	0	0	0	0	-	61
	T	1573	0	2	0	2	16.53	61
Army Medical Center Detachment of Patients	W	930	0	1	0	1	13.98	246
	N	89	0	0	0	0	-	257
	T	1019	0	1	0	1	12.76	503
Army Medical Center - Total	W	2326	0	3	0	3	11.18	246
	N	266	0	0	0	0	-	318
	T	2592	0	3	0	3	15.05	564
Total Dept/Army Units	W	23034	2	13	0	15	8.47	251
	N	2371	2	10	0	12	65.79	319
	T	25405	4	23	0	27	13.82	570

* Correction: The Venereal Disease Rate per 1000 troops per annum for Department of Army period ending 27 May 1949 should read:

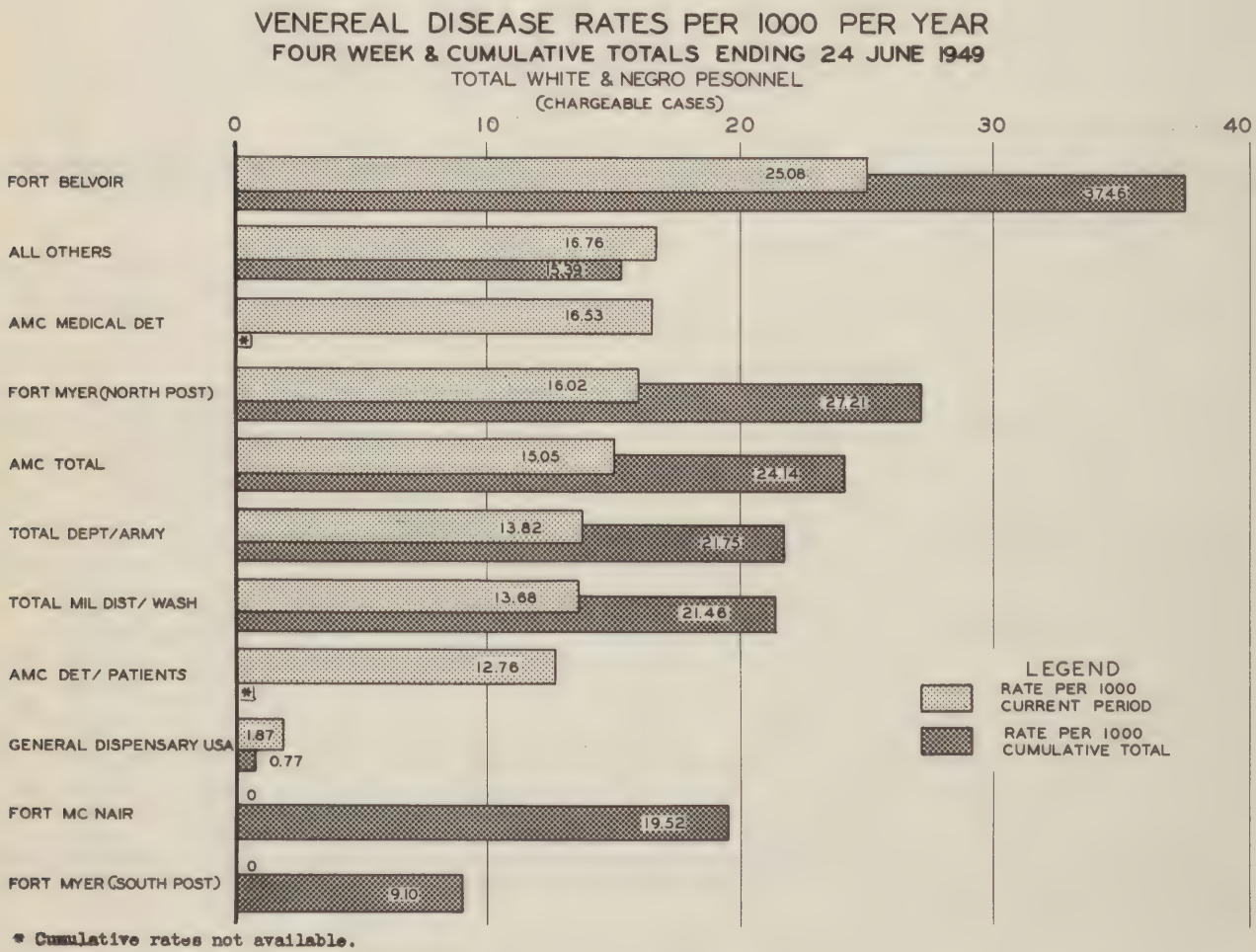
White - 8.93
Colored - 75.93
Total - 15.18

VENEREAL DISEASE RATES FOR THE US *

(All Army Troops)

	JUNE 1949	MAY 1949
First Army Area	19	22
Second Army Area	24	28
Mil District of Washington	14	13
Third Army Area	24	23
Fourth Army Area	22	16
Fifth Army Area	16	15
Sixth Army Area	18	21
Total United States	20	20

* Compiled in the Office of the Surgeon General and include General Hospitals.

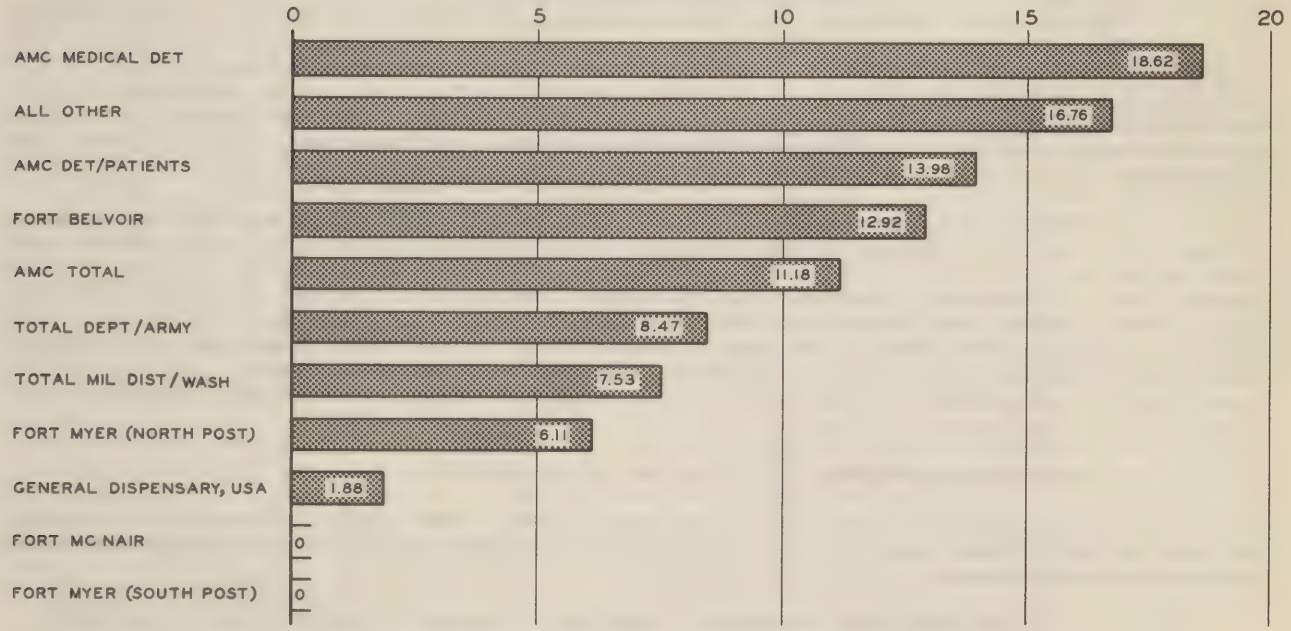


* Cumulative rates not available.

VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

4 WEEK PERIOD ENDING 24 JUNE 1949

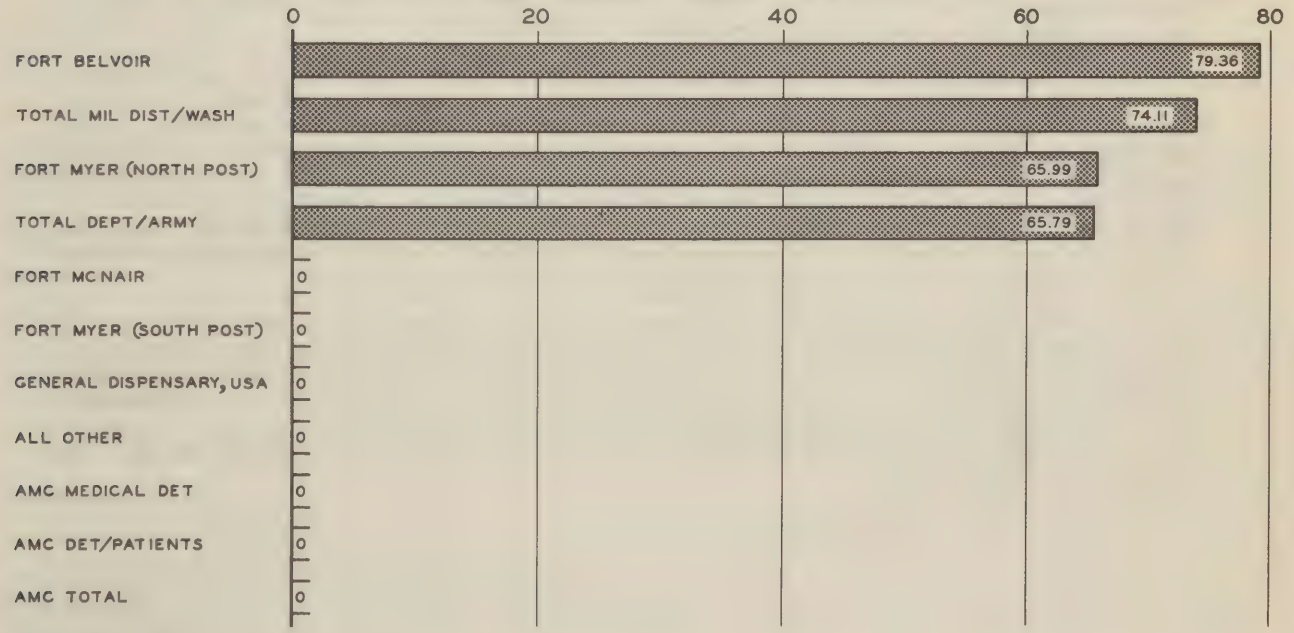
WHITE PERSONNEL (CHARGEABLE CASES)



VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

4 WEEK PERIOD ENDING 24 JUNE 1949

NEGRO PERSONNEL (CHARGEABLE CASES)



HOSPITALIZATION AND MEDICAL CARE

General

Medical care, treatment, and/or hospitalization is available to all military personnel while they are on active service. The medical service provided to the individual is usually in an Army or Air Force facility but can be obtained in other Federal medical facilities or at a civilian facility under certain circumstances. In medical facilities of the Army or the Air Force, military personnel are entitled to medical care and treatment without charge. Military personnel in a commissioned status or a warrant officer status are charged for subsistence while they are patients in a hospital.

If medical facilities or the Army or the Air Force are not available, military personnel of the Army in active service may receive medical care and hospitalization from other Federal agencies such as the U. S. Navy, U. S. Public Health Service, Veterans' Administration, Indian Hospital Service, etc. This medical care and hospitalization is also without charge to the individual on active service except that personnel on a commissioned status or on a warrant officer status must pay for individual subsistence. The Surgeon General will collect subsistence charges at a later date from officer and warrant officer patients hospitalized in these hospitals. Payment for this type of medical service when properly billed and presented to the Surgeon General by the agency concerned will be made from public funds.

Procedure when Government facilities are not available.

When neither Army, Air Force, nor Federal medical facilities are available, military personnel on active service may obtain medical care and hospitalization at a civilian agency under the following conditions:

If the individual concerned is physically unable to report to his or her station or to the nearest Army, Air Force, or Federal medical facility for medical care and hospitalization, he or she may procure emergency treatment from a civilian doctor or hospital. It must be understood that use of civilian facilities is in case of emergency only and then only, if it is not possible for the individual to reach the nearest Army, Air Force, or Federal medical facility, or his assigned station. In case emergency treatment is obtained by the individual, his commanding officer should be advised by the quickest means possible, of his care and treatment, so that proper steps can be taken to transfer the individual to an Army or Air Force medical installation.

Any civilian doctor or medical facility furnishing medical care and/or treatment to an individual on active service should notify the commanding officer of the individual by the most expeditious means of the circumstances, patient's full name, grade, ASN, and organization, his duty status (whether the individual is on duty, leave, sick leave, furlough or pass), information as to the character and the extent of the emergency, the probable period of treatment, practicability of a transfer to an Army, Air Force, or Federal medical facility, and the diagnosis. In the event that the organization of the individual is not known or it is not considered feasible to notify the commanding officer of the individual, the nearest military installation should be notified.

Accounts in connection with medical service provided an individual in active service should be forwarded to the commanding officer of the military post to which the individual is assigned. The account should be presented completely itemized and certified and can properly include all charges in connection with the hospitalization or treatment (e. g., telephone calls, telegraph messages). Elective procedures, and the services of osteopaths, chiropractors, chiropodists, etc., are not considered emergency and will not be paid from public funds.

Hospitalization for individuals who are AWOL.

The medical services and facilities as outlined above are available to all military personnel who are on a duty status, leave, sick leave, or on pass. Individuals who are on an AWOL status

at the time of the request for medical care or hospitalization, are entitled to necessary medical care and hospitalization at Army, Air Force, and Federal medical facilities but are not entitled or allowed medical care at public expense in civilian institutions or by civilian doctors. Medical care and hospitalization furnished to personnel in an AWOL status by civilian doctors or installations are personal obligations of the individual patient.

Dependents eligibility.

Medical care and hospitalization in Army and Air Force medical facilities are privileges extended only when facilities are available and its authorization is under the jurisdiction of the commander of the medical facility concerned. Application will be made in advance to the commanding officer of the medical facility in which hospitalization is desired. At the present time, a daily charge for hospitalization, including subsistence, is made and will be collected from the patient by the hospital. No charge will be made for out-patient treatment.

Dependents should without fail ascertain FIRST whether or when accommodations will be available before traveling to a hospital facility. Transportation expenses are not provided for dependents for purposes of hospitalization. Service personnel should obtain information at their stations regarding the provisions for the medical care and hospitalization of dependents available to them at their station.

If Army or Air Force facilities are not available, dependents of Army and Air Force personnel on active duty may be admitted to medical facilities of the Navy under the same conditions as shown above for care and treatment other than elective procedures and domiciliary care. No other provisions for the treatment of dependents of Army and Air Force personnel have been made. Arrangements for treatment at any medical facility other than Army, Air Force, or U. S. Navy, and settlement of charges there, must necessarily be the personal responsibility of the patient concerned and no payment for medical service of this type can be made from public funds.

The Federal Security Agency through State health agencies may, under certain conditions, render medical and hospital care to dependents of service personnel. The public welfare office of the state in which they live will, upon request, furnish information about the services available and eligibility requirements. The local chapter of the Red Cross will be of assistance in obtaining the information desired.

Extracted from "Personal Affairs of Military Personnel and Aid For Their Dependents", Department of the Army Pamphlet, Number 21-5, April 1949.

PACKAGE LUNCHES

Extreme care should be exercised in the selection of materials for sandwich fillers in the preparation of sandwiches used in package lunches. Of necessity, sandwiches for package lunches are prepared several hours before they will be consumed, however, this time interval should be kept to a minimum. Where package lunches are not sent out immediately they should be kept under refrigeration or at temperatures low enough to inhibit the growth of bacteria which may produce toxic substances resulting in food poisioning when eaten.

The use of ground meats, eggs or cheese spreads for sandwich fillers is dangerous unless prepared immediately before consumption. Sandwiches prepared for troops for future consumption should be made of jelly, jam, peanut butter, butter or sliced cheese, with no mayonnaise or other cooked dressing used in their preparation. Unpeeled boiled eggs and fruits are suitable for use in package lunches.

Extracted from First Army Medical Bulletin, Number VI, Volume IV, June 1949.

"SOCIAL" DRINKING

There are approximately 61,000,000 men and women in the United States who regularly drink some form of alcoholic beverage. Of these, 3,250,000 are excessive drinkers and 750,000 are chronic alcoholics.

Foundations, faculties, psychiatrists, physiologists, clergymen and even novelists and motion-picture producers have tackled and are still tackling the problem of the chronic alcoholic. Nobody has done much about the nonproblem drinker.

Because he tends to be little uneasy about his habit and because he and his fellows ask themselves so many questions about their practice and give each other so many incorrect answers, the Medicine department of NEWSWEEK has made a special study of the nation's favorite indoor pastime.

Going Down:

In the last 50 years drinking has decreased in every country in the world except France, where wine drinking continues to hoist the percentage. The last reliable liquor-consumption survey, made in 1939 by Drs. Howard W. Haggard and E. M. Jellinek of the Yale alcoholic clinic, shows the thirstiest countries in this order: France, Spain, Belgium, Italy, the United States, Germany, Sweden, and Great Britain. These figures cover the absolute alcohol* consumption by moderate, excessive and chronic drinkers.

Take It or Leave It:

Who is the moderate drinker? He is the so-called "social drinker" who can stop at will. He drinks because social customs traditionally use liquor as part of certain ceremonies, because a highball or cocktail is a symbol of pleasure, and because alcohol relaxes him and makes him feel good. When he marries, when Junior arrives, or when he becomes a member of the firm, he may take enough to become slightly injudicious in speech or action. But he does not lose self-critical judgment, and he does not end up in embarrassing brawls with strangers or the police.

People vary sharply in the amount of alcohol required to make them drunk. Many show signs of intoxication when the concentration of alcohol in the blood is as low as 0.05 per cent; rare individuals are not drunk even when the concentration is as high as 0.30 per cent.

The physical and emotional effects of alcohol are also unpredictable. One person may become drowsy, another sad and mournful, one may be happy and carefree, still another pugnacious and irritable.

When to Say When?

Alcohol is quickly absorbed in the stomach and small intestine without first being digested, as are ordinary foods. Symptoms of drunkenness depend directly on the amount of alcohol in the blood, which at the same time indicates the amount of alcohol in the brain and nervous system. Numerous studies have been made to determine the relationship between the alcohol concentration in the blood and its effects on the drinker's behavior. The deciding points seem to be (1) the kind of alcohol, (2) quantity and speed with which it is consumed, (3) food eaten while drinking or before, (4) state of health, and (5) established drinking habits.

Fat in some form, such as cream, milk, butter, and the popular pate, will diminish absorption more effectively than will the protein in cheese and meat and the carbohydrates in bread and crackers. Drinks tossed down hastily and repeatedly at short intervals will gradually build up a tolerance, and stronger drinks will then have to be downed to achieve even moderate relaxation.

The consensus of the various investigators is that the alcoholic content in the blood of the intelligent moderate drinker is never more than 0.05 per cent. This percentage represents drinking on an empty stomach in one hour one quart of 4.5 per cent beer, or one half pint of 20 per cent wine, or one strong (2-ounce) whisky highball, or one cocktail.

Findings are virtually unanimous among alcohol researchers that anyone with more than 0.15

per cent in his blood cannot escape impairment of his faculties and loss of control of feelings and actions. When the concentration reaches .6 per cent, the drinker's life is in danger. Concentrations from .8 per cent up (1-1/2 to 2 pints of high-proof whisky within one hour) will almost invariably result in death.

Rum Is Quicker:

In a research study made in 1940 rum was found to be the most powerful form of spirits, with gin, Scotch, rye, and brandy next in effect. But contrary to the general belief, "mixing" drinks will not directly cause greater intoxication or nausea. The various substances with which drinks are mixed--fruit juices, lemon peel, grenadine, quinine water, and acids may make you sick. But the intoxicated state will depend on the amount of alcohol consumed.

To Correct Other Popular Fallacies:

Alcohol is not a stimulant. It is a depressant with some of the narcotic effects of the barbiturates. The first few drinks may seem to accelerate a person's physical and mental condition. But when the alcohol enters the blood, even in small quantities, it has an anesthetizing action.

Alcohol may seem to relieve fatigue by relaxing the muscles and creating a feeling of warmth and comfort. But unless the toxicity of fatigue is eliminated, the disappearance of that tired feeling will be merely temporary.

Food and drink combinations, such as oysters and whisky or lobster and champagne, do not in themselves cause intoxication or increase the possibility of a hangover, unless the person drinks to excess or is allergic to seafood.

Alcohol is not an aphrodisiac. Small amounts may serve to release sex inhibition, but they have no direct effect upon sexual activity. In large amounts alcohol may render the drinker temporarily impotent.

Even in small amounts, alcohol depresses all intellectual functions. Adding a column of figures, typing, or memorizing show a slow-up in pace and an increase in errors when alcohol is taken. A drink never made a worker smarter or his job easier to perform. As one doctor put it: "Alcohol can never make you do a thing better; it can only make you less ashamed of your mistakes."

Alcohol in moderation does not harm a nursing mother or her unborn child. If, however, the mother's excessive drinking interferes with her normal nutrition, the child may suffer, too.

Health and Alcohol:

For 50 years drinkers have been warned that excessive use of alcohol will cause definite heart, kidney, and other organic damage. Actually there is very little scientific evidence to substantiate these view.

Cirrhosis of the liver, once known as "drunkard's liver," is found among drinkers and non-drinkers alike. There is no medical evidence to prove that alcohol causes this serious malady. Not more than 8 per cent of all chronic alcoholics have the disease.

Alcohol may irritate a stomach ulcer, but it will not produce one. While it increases the elimination of water through the kidneys, it has no harmful effect on these organs. Beverage alcohol (ethyl) seldom affects the eyes, but methyl (wood alcohol) is likely to cause blindness. Now it is known that the so-called "alcoholic neuritis," which may affect the optic nerve, is cause by lack of vitamin B complex.

Aside from blood-shot eyes, thick-coated tongue, and gastritis of varying degrees, all of which are temporary, most of the drinker's disorders fall into the neuropsychiatric field. Alcohol depresses the higher brain centers, impairing or removing temporarily the brake power of judgment, discretion, and control.

Even in this enlightened age, some people still believe that a shot of liquor will break

up "the beginning of a cold." This not true. Nor will it cure snake bite, shock, or heat stroke. Alcohol, which lowers blood pressure, may be harmful to people with any of these last three conditions, all of which lower blood pressure in themselves.

On the credit side, alcohol, which dilates the blood vessels, is a valuable medicine for victims of arteriosclerosis (hardening of the arteries). It stimulates the appetite and serves as both food and medicine for the aged.

Does drinking shorten life? Dr. Raymond Pearl of John Hopkins Hospital, who made a study of more than 5,000 family records covering three to five generations, concluded that moderate drinking had no effect either for or against longevity. Heavy drinkers, of course, had very much shortened lives.

The Morning After:

Rare is the average drinker who has not once at least endured the misery of a hangover. The physical symptoms are acute inflammation of the stomach, dehydration of the tissues (alcohol increases the rate of perspiration and urination), and a severe headache.

No one knows just what causes the hangover headache. Apparently it is produced by the part of the brain which controls the constriction and dilation of the blood vessels and cells.

Classic remedies range from "the hair of the dog that bit you" (another round of drinks) to cold baths and bicarbonate of soda. Doctors warn against trying to quench the thirst with more alcohol; several glasses of water are better. A simple restorative is strong, hot black coffee, taken slowly. The caffeine is a real stimulant which serves to counteract the depressive effect of alcohol. For the headache, aspirin, rest, and quiet are prescribed.

The questions affecting the moderate drinker are two: (1) How much can I drink without harm? (2) How can I drink much without harm? To him, Drs. Haggard and Jellinek offer a simple rule of thumb: "He (the moderate drinker) does not seek intoxication and does not expose himself to it. He uses alcoholic beverages as a condiment, and for their milder sedative effects. Alcohol constitutes neither a necessity, nor a considerable item in his budget." In other words, "drink if you want to; don't drink if you feel you must."

Or as Oliver Wendell Holmes, a genial imbiber, once remarked:

"Tis but the fool that loves excess; hast thou a drunken soul?
Thy bane is in thy shallow skull, not in my silver bowl."

Extracted from "Newsweek" June 27, 1949.

MEDICAL DEPARTMENT ANNIVERSARY

On the 27th of July the Medical Department will celebrate its 174th Anniversary. It was initiated on 27 July 1775 almost a year before the Declaration of Independence was signed. Although there have been many changes in structure and organization of the Department, its primary mission, the health of military commands, has remained unchanged. Its role has become increasingly important in the development of the military forces of the United States.

NEWCASTLE DISEASE

Newcastle Disease (Avian Pneumoencephalitis), a disease of poultry, has been reported relatively recently in the United States. It is caused by a filtrable virus similar to that causing human influenza. This disease affects young birds in the form of respiratory and nervous systems, while older birds usually show only the respiratory changes. Chickens and turkeys are the most prevalent victims of this disease. However, most of the usual types of poultry are susceptible.

Newcastle Disease was first reported in the Dutch East Indies in 1926. In 1927, Doyle of England isolated the causative organism in the area of Newcastle-und-Tyne. In 1941, Beach of California reported its occurrence in the United States. The disease has been reported in 44 states of this country.

It has only been within the last ten years that Newcastle Disease has been reported as occurring in human beings. Human cases reported have been found in various parts of the world. As the disease becomes more widely spread and increases in incidence, the number of human cases reported grow. Positive cases are diagnosed by recovering the virus from the tears of the infected eyes. This disease in man might be termed an industrial disease since the majority of cases reported have been found in personnel handling infected poultry, such as the farmer, the produce dealer, as well as the laboratory or research worker. Veterinary students as well as diagnosticians have become infected with the causative virus. Usually symptoms in man are edema of the eyelids, marked hyperemia of the scleral and conjunctival vessels and a definite muco purulet discharge. Usually these symptoms are preceded by headaches and malaise. At times it attacks the nervous system. In these cases it is sometimes confused with infantile paralysis and meningitis. In 1947 an outbreak was reported in Tennessee affecting 209 children and adults. No fatalities were reported. It is possible that the virus causing Newcastle Disease has been the agent responsible for many unusual infections of the human nervous system reported during the recent years.

Most recently, this disease was reported in a Nebraska farm woman who became ill several days after her flock of chickens became sick. Laboratory tests of the sick birds, utilizing the hemagglutination inhibition test, revealed strong positive reactions. Blood samples from the infected woman tested showed a positive reaction to Newcastle Disease.

This is one more of the long list of diseases transmissable from animals to man and requiring the cooperative efforts of both the veterinary and medical profession for its control. Effective absorbent vaccines are produced for the protection of susceptible birds. Much current research and investigation is being conducted to better understand and more effectively control this condition. With its recent appearance in the human being and its increase in Public Health significance, increased attention has been directed towards it by both the veterinary and medical public health research groups.

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED JUNE 1949
(Data obtained from WD AGO Form 8-134)

STATION	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Lesley J. McNair		71,167	107,674		178,841	10,376		368,058
Fort Belvoir, Virginia		287,313	378,690		617,157	87,988		1,371,148
Potomac Yards Distribution Point		335,233	58,596	356,543				750,372
Fort Myer, Virginia		173,006	177,346	2,767	335,576	12,086		700,781
Mil Dist/Washington Vet Det	191,903							191,903
US Navy	213,595							213,595
The Pentagon						282,900		282,900
Total	405,498	866,719	722,306	359,310	1,131,574	393,350		3,878,757
Army Medical Center		185,109	79,196		264,305	5,560		534,170
Washington Quartermaster		921,186	74,979		162,663	8,971		1,167,799
Andrews Air Force Base		66,615	61,548		138,254	16,898		283,315
Bolling Air Force Base		137,109	27,299		151,208	244,360		559,976
Total		1,310,019	243,022		716,430	275,789		2,545,260
Grand Total	405,498	2,176,738	965,328	359,310	1,848,004	669,139		6,424,017
REJECTIONS:								
Insanitary or Unsound								
Fort Myer					303			303
US Navy	3,000							3,000
Army Medical Center		12						12
Fort McNair		197						197
Washington QM Depot					1,022			1,022
Not type, class or grade								
Fort Myer		444						444
Mil Dist/Washington Vet Det	6,763							6,763
The Pentagon						394		394
Washington QM Depot		90						90
TOTAL REJECTIONS	9,763	743			1,325	394		12,225

DENTAL SERVICE--MONTH OF JUNE 1949

STATION	Officers	Days of Duty	Sittings	Amalgam	Oxy and Amal	Silicate	Inlays	Bridges	Bridge Repair	Crowns	Dentures			Extractions	Calculus Removed	X-Rays	Examinations
											Full	Partial	Repair				
Fort Belvoir	9	180	1,162	440	536	255	1	6	2	1	12	19	14	409	14	149	1,078
Fort McNair	1	25	666	201	93	52	0	0	0	0	2	15	3	43	110	72	106
Fort Myer (North Post)	1	30	1,009	235	65	53	1	0	3	0	6	6	14	52	13	603	450
Fort Myer (South Post)	1	10	391	119	14	9	0	0	0	0	2	12	1	80	2	138	128
General Dispensary, USA	4	99	2,308	353	164	106	2	0	0	5	10	27	18	93	238	759	794
Total Mil Dist of Wash	16	344	5,536	1,348	872	475	4	6	5	6	32	79	50	677	377	1,721	2,556

OUTPATIENT SERVICE

Consolidated statistical data on the outpatient service, Military District of Washington, less Walter Reed General Hospital for the four week period ending 24 June 1949, are indicated below:

ARMY:
Number of Outpatients 6,056
Number of Treatments 23,395

NON ARMY:
Number of Outpatients 4,272
Number of Treatments 10,881

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED. . . 2,999

NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED . 7,727

HOSPITAL MESS ADMINISTRATION
(Data from WD AGO Form 8-210)

STATION	March 49	April 49	May 49	June 49
FORT BELVOIR				
Income per Ration	$ 1.071	$ 1.059	$ 1.073	$ 1.061
Expense per Ration	1.054	1.045	1.070	1.045
Gain or Loss	+0.016	+0.014	+0.003	+0.016

Following is a list of publications which are of particular interest to the Medical Department:

DEPARTMENT OF THE ARMY CIRCULARS

Cir No.	Subject	Date
79	Hospitalization and Medical Care	1 June 49
81	WD AGO Form 30-S, Discontinuance of Allotment	8 June 49
83	Medical Department Officers - Army Regulations and Special Regulations - Rescission of DA/WD Publications	15 June 49
84	Chinaware and Glassware	16 June 49
86	Army-Navy Catalog of Medical Material	21 June 49
87	Family Allowances - Enlisted Men - AWOL	22 June 49
88	Plasma, Normal Human	24 June 49

DEPARTMENT OF THE ARMY SPECIAL REGULATIONS

SR No.	Subject	Date
40-10-5	Utilization of Personnel and Treatment Facilities	16 June 49
40-220-5	Army Federal Civilian Employee Health Program	6 June 49
40-530-1	Medical Regulating Within Army Areas	17 June 49

MILITARY DISTRICT OF WASHINGTON CIRCULARS

Cir. No	Subject	Date
29	Extended Active Duty - Foreign Service	7 June 49
30	Discharge of Enlisted Men	9 June 49
31	Payment of Military Personnel - Separation of Officers and Warrant Officers	15 June 49
33	Food Service Career Promotion	22 June 49
34	Relief from Active Duty - Medical Officers' Dependents	27 June 49

MILITARY DISTRICT OF WASHINGTON MEMORANDA

Memo No.	Subject	Date
35	Clothing Monetary Allowance	21 June 49
38	Reporting Accidents and Processing Claims	29 June 49